

**2022 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000866

**Entity Name:** JACKSONVILLE CENTER FOR CLINICAL RESEARCH, LTD.

**Current Principal Place of Business:**

4085 UNIVERSITY BOULEVARD SOUTH  
SUITE 1  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4085 UNIVERSITY BOULEVARD SOUTH  
SUITE 1  
JACKSONVILLE, FL 32216 US

**FEI Number:** 59-3442008

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOREN, MICHAEL J  
4085 UNIVERSITY BOULEVARD SOUTH  
SUITE 1  
JACKSONVILLE, FL 32216 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # P97000034589  
Name JCCR GENERAL, INC.  
Address 4085 UNIVERSITY BOULEVARD,  
SOUTH STE 1  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL J KOREN

**CEO**

**04/05/2022**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date